



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COLUMBUS REGIONAL HEALTH

City of Hospital: Columbus

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Mary Spalding

Email Address: MSpalding@crh.org

Medicare Provider Number: 15-0112

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$417604456
Outpatient Patient Service Revenue	\$620467720
Total Gross Patient Service Revenue	\$1038072176

2. Deductions From Revenue

Contractual Allowance	\$530161865
Other Deductions	\$13557084
Total Deductions	\$543718949

3. Total Operating Revenue

Net Patient Service Revenue	\$494353227
Other Operating Revenue	\$6976915
Total Operating Revenue	\$501330142

4. Operating Expenses

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Salaries and Wages	\$142549559	Employee Benefits	\$37228149
Depreciation and Amortization	\$24043394	Interest Expense	\$916565
Bad Debt	\$7809747	Other Expenses	\$279082895
Total Operating Expenses	\$491630309		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9699833	Total Assets	\$558169771
Net Non-operating Gains over Loss	\$22836826	Total Liabilities	\$558169771
Total Net Gains	\$32536659		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$477638277	\$320714240	\$156924037
Medicaid	\$214124594	\$86444976	\$127679618
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$344500506	\$134560128	\$209940378
Total	\$1036263377	\$541719344	\$494544033

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$158857	\$-158857

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$932428	\$1831102	\$-898674
Hospital Patients	\$0	\$1069	\$-1069
Community Education	\$0	\$652137	\$-652137

Number of Medical Professionals Trained	183
Number of Hospital Patients Educated	76
Number of Citizens Exposed to Health Education Messages	47204

Statement Six: Charity Statement

Hospital Charity Charges	\$16202343
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6476076	
HCI Payments	\$0		
Subtotal	\$0	\$6476076	\$-6476076
Medicaid Shortfalls	\$31369429	\$55939973	
Subtotal	\$31369429	\$62416049	\$-31046620
DSH Payments	\$7,151,107		

	Subtotal	\$38520536	\$62416049	\$-23895513
Medicare Shortfalls		\$121983238	\$162544403	
Other Government Programs		\$0	\$0	
	Total	\$160503774	\$224960452	\$-64456678

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1691602	\$1473711	\$217891
Community Assessment	\$0	\$61120	\$-61120
Provision of Taxes	\$0	\$218520	\$-218520
Other Allocations	\$0	\$0	\$0

Comments

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